

1. CIR./DIST./DIV. CODE Case 2:04-cr-20474-BBD Document 28 Filed 05/02/05 Page 1 of 2 PageID 36

1. CIR./DIST./DIV. CODE TNW	2. PERSON REPRESENTED Pratt, Katherine	3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 2:04-020474-002	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER																																																																																									
7. IN CASE/MATTER OF (Case Name) U.S. v. Pratt	8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																																											
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 2251.F -- SEXUAL EXPLOITATION OF CHILDREN																																																																																														
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS BROWN, SHEILA D. 9160 Hwy 64, Suite 12 Lakeland TN 38002		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel  Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under order has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions)  Signature of Presiding Judicial Officer or By Order of the Court 04/29/2005																																																																																												
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)  This document entered on the docket sheet in compliance with Rule 55 and/or 32(b) FRCrP on 5-2-05																																																																																														
15. CATEGORIES (Attach itemization of services with dates)      16. HOURS CLAIMED      17. TOTAL AMOUNT CLAIMED      18. MATH/TECH ADJUSTED HOURS      19. MATH/TECH ADJUSTED AMOUNT      20. ADDITIONAL REVIEW  <table border="1"> <tr> <td rowspan="8">In Court</td> <td>a. Arraignment and/or Plea</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Bail and Detention Hearings</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Motion Hearings</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Trial</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Sentencing Hearings</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Revocation Hearings</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. Appeals Court</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>h. Other (Specify on additional sheets)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">(Rate per hour = \$ )      TOTALS:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="5">Out of Court</td> <td>a. Interviews and Conferences</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Obtaining and reviewing records</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Legal research and brief writing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Travel time</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Investigative and Other work (Specify on additional sheets)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">(Rate per hour = \$ )      TOTALS:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>17. Travel Expenses (lodging, parking, meals, mileage, etc.)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>18. Other Expenses (other than expert, transcripts, etc.)</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						In Court	a. Arraignment and/or Plea					b. Bail and Detention Hearings					c. Motion Hearings					d. Trial					e. Sentencing Hearings					f. Revocation Hearings					g. Appeals Court					h. Other (Specify on additional sheets)					(Rate per hour = \$ )      TOTALS:						Out of Court	a. Interviews and Conferences					b. Obtaining and reviewing records					c. Legal research and brief writing					d. Travel time					e. Investigative and Other work (Specify on additional sheets)					(Rate per hour = \$ )      TOTALS:						17. Travel Expenses (lodging, parking, meals, mileage, etc.)					18. Other Expenses (other than expert, transcripts, etc.)				
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19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION																																																																																									
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____																																																																																														
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT																																																																																										
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE																																																																																										
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED																																																																																										
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE																																																																																										

FEB 2005

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# Notice of Distribution

This notice confirms a copy of the document docketed as number 28 in case 2:04-CR-20474 was distributed by fax, mail, or direct printing on May 2, 2005 to the parties listed.

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Honorable Bernice Donald  
US DISTRICT COURT